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THE RESULTS

OF

The Shurly-Gibbes Treatment of
Tuberculosis

AT ASHEVILLE, N. C.

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BY

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THE RESULTS OF THE SHURLY-
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N. C.

LAST spring I began the use of hypodermic injections of iodine and chloride of gold and sodium, with the inhalations of chlorine gas, in the treatment of laryngeal and pulmonary tuberculosis, and while in a few months' time it is impossible to form a decided opinion as to the ultimate results of the treatment, yet the first results are apparent and should be reported to the profession. Permanent results can only be claimed when years have elapsed without any active symptoms showing themselves. Relapses in tuberculosis are like recurrences in cancer, each one makes the case more and more hopeless, just as the absence of either is good cause to hope that the case is cured, which hope becomes stronger, until after the lapse of at least three years the case can be looked upon as cured. As the percentage of cures after operations for cancer is low, so is it in consump-



tion, when the three years' limit is applied ; and the earlier either disease is attacked scientifically the greater the probability of a fortunate outcome. The profession is for some reason unaccountably backward about insisting upon the necessity of this in both cancer and tuberculosis. The advice is given to come back if that lump in your breast gives you any trouble, thus robbing that woman of her only chance for life ; and the diagnosis of tuberculosis is only too often withheld, until the suspicions of the sufferer wring it from his physician, or send him to another who may be more candid. This is a fatal error, for the intelligent co-operation of the patient is necessary in the earliest stages of consumption, and to call it bronchitis or catarrh is as much a mistake as to pay no attention to a lump in a woman's breast. It is only in the beginning that scientific treatment can avail in either case, and every one should be given the advantage of it. As long as cancer is local, the surgeon attacks it with hope and confidence ; as long as infiltration is confined to a small area in one lung, proper management can do much for the consumptive. No plan of treatment ever has or ever can be instituted that will cause extensive infiltration to disappear, or that can make a well man out of a tubercular subject far advanced in the third stage of the disease, nor can any operative interference be of benefit to a cancer case with glands involved that it is impossible to remove. The positive diagnosis of phthisis should always be made early, and no cases be allowed to drift along until they get beyond the aid of any and

every means of rescue. Then the percentage of cures would be much larger, and the lot of those members of the profession who battle with this dread monster would be more enviable than is now the case.

After this lengthy preface, the results given in this paper can be better appreciated. I claim no cures, for I have used the method less than a year.

I have followed the directions of Shurly and Gibbes quite closely, except in giving the inhalations of chlorine gas. In a hospital the gas can be evolved from chlorinated lime in a small chamber, but in private practice, with the majority of patients in hotels and boarding houses, such conveniences cannot be had. For the same reason the inhalations have been given but once a day, and then the chlorine gas was set free from the aqua chlori (United States Pharmacopœia), mixed liberally with a solution of chloride of sodium, and sprayed with considerable force (forty to seventy-five pounds' pressure in the receiver) into a small, closed air-chamber. A large bottle serves very well for the air-chamber. A hole is bored in the side, and an inhaler attached to the neck of the bottle. It is then suspended from the ceiling, so that the patient, seated in a chair, can apply his mouth to the inhaler, and the atomizer is used through the hole in the side. I saw this arrangement in Professor E. Fletcher Ingals's office in Chicago.

Originally I procured my solutions of iodine and gold from Professor J. E. Clark, Detroit College of Medicine. I have had no abscesses, and beyond the smart at the time of the in-

jection and for half an hour afterwards, no unpleasant symptoms. The indurations remaining after the injections of corrosive sublimate in syphilis are much larger, more painful and permanent, than those following iodine and gold injections.

I have not found that patients lose weight while taking this treatment, when at the same time every possible means is used to keep their nutrition at the highest point. One of the first results is to increase the amount of expectoration. It becomes more fluid, and the quantity gradually lessens, until finally râles have disappeared and small cavities have become dry.

Patients almost invariably sleep longer and more soundly when under the influence of the gold and iodine. Stubborn night-sweats, which have resisted the usual remedies, either cease without special treatment or become more amenable to it. I have not found it necessary to suspend the treatment if diarrhœa comes on. The diarrhœa is treated in the usual manner, with arsenite of copper, bismuth, etc., and the injections continued.

The injections are given for the first fortnight daily, beginning with the minimum dose, $\frac{1}{12}$ grain of iodine and $\frac{1}{30}$ grain of gold. The different solutions are used on alternate days, or, as recommended by Shurly, the iodine daily for a week and the gold daily for a week. During this time the dose is gradually increased, until the patient is given $\frac{1}{3}$ to $\frac{1}{2}$ grain of iodine and $\frac{1}{6}$ to $\frac{1}{4}$ grain of gold. I have given larger doses, but have then always found the patient saturated with iodine, tasting it in his expectoration, de-

pressed and languid. The small dose, frequently repeated, with this, as with so many therapeutic agents, is more powerful against the disease and less hurtful to the patient. After giving a grain of iodine in one injection, I was called to see the patient in a few hours, and found the ary-epiglottic folds greatly swollen and œdematous. There were ulcerations in the larynx before, and the large dose of iodine seems to have irritated the tubercular deposit in some way. Under smaller doses this complication did not occur again, nor has it in any other case. No changes have ever been observed in the infiltrated portions of the lungs after the injections.

Just how these remedies act is an unanswered question. Chlorine, iodine, and the gold salts have all very great germicidal properties. Whether they act upon the bacilli or upon the toxalbuminose produced by the disease it is difficult to say. I am convinced that in some way they exert a marked influence upon the course of the disease, as shown by the effect on the fever, the night-sweats, and the bronchial secretion, and by the increase in weight and improved sleep.

The inhalations of chlorine gas are always more or less irritating, and cause some coughing. They are well borne, except in ulcerative tubercular laryngitis. In the latter condition I substitute a spray of menthol and creasote. The ulcerations are also treated locally with menthol, creasote, lactic acid, etc.

Short accounts of a few cases will be added; the notes are taken from my case-book.

The first case is the first one I used the treatment on.

CASE I.—Mr. B. J., 28 years of age; native of Ohio; family history of tuberculosis; came in December, 1890; had tuberculosis, following pneumonia and pleurisy; the lower lobe of the right lung was consolidated; jerky respiration and moist râles anteriorly above the consolidated portion; apex free, and respiratory murmur normal to third rib; left lung not affected; small tubercular ulcer situated in the interarytenoid space; tubercular bacilli found in sputum; expectoration very free; night-sweats; temperature went up to 101° or 103° F. every day; weight, one hundred and thirty pounds; had weighed one hundred and sixty-five pounds.

Under general tonic treatment, hypodermic injections of creasote and local treatment of larynx, he improved greatly. Temperature seldom reached 101° F., night-sweats ceased, and he weighed one hundred and forty-five pounds. In March he over-exerted himself, and had a relapse. Fever and night-sweats returned; right apex became involved. He lost weight and strength, until he was unable to leave his bed. At this period in his history he was put on the Shurly-Gibbes treatment without the inhalations of chlorine gas. He took fifteen injections. The dose was always small. He slept better and his night-sweats disappeared, and his fever was not so high. He became saturated with iodine, tasted it in his expectoration, and refused to take any more. He was taken home, and died there in a few months.

CASE II.—Mr. B. R., aged 30 years ; family history good ; native of New York ; first seen in February, 1891 ; tuberculosis of lungs and larynx dates from attack of la grippe six months previously ; ulceration of right vocal cord and interarytenoid space ; larynx swollen and paretic ; aphonic ; apex of right lung consolidated to third rib ; fine râles to centre of chest in front and mucous râles behind from spine of scapula to base of lung ; prolonged expiration in left apex ; evening temperature, 101° to 102° F. ; night-sweats. Treated generally with tonics, baths, etc., and the larynx locally with lactic acid, menthol, and creasote. He improved in weight and his fever did not come on daily, but at irregular intervals ; consolidation began in apex of left lung.

Early in April the injections of gold and iodine were begun and continued daily for six weeks. He slept better from the start, and the last month had no fever nor night-sweats. He gained in weight. The râles had disappeared from right lung, and no further infiltration took place. The ulcerations in the larynx healed entirely, but the voice, while stronger, was hoarse. He returned to his home, and I received a report of his continued improvement in August.

CASE III.—Miss K. J., aged 30 years ; native of Missouri ; maternal aunt had consumption. The disease had lasted two years when she came in February, 1891, weighing ninety-seven pounds ; average weight, one hundred and ten pounds ; had weighed one hundred and twenty pounds ; tuberculosis of lungs. On right side a cavity was forming below clavicle in the infiltrated portion.

Mucous râles over the entire right lung, except in consolidated apex, which extended to fourth rib in front and to spine of scapula behind ; left side roughened inspiration, and prolonged, audible expiration in apex ; a few moist and sibilant râles in lower lobe behind ; temperature, 102° to 104° F. every afternoon and night ; profuse, weakening night-sweats ; expectoration very free and quantity large ; tubercular bacilli were found in great numbers in her sputum.

She was treated constitutionally in the usual manner until early in May, with but little change, when she was put on the Shurly-Gibbes treatment with inhalations of chlorine gas. This was continued for two months, in which time she received over forty injections and as many inhalations. Her fever gradually left her, and on examination, June 9, showed a small dry cavity below clavicle, right side ; no râles anywhere ; expectoration reduced to a small quantity on arising in the morning, night-sweats rarely occurring, and weight one hundred and one pounds. An attack of diarrhœa came on early in July, during which she lost several pounds. This was soon controlled, and she has steadily gained in strength since.

October 31.—An examination showed that the disease was quiescent ; no fevers, no night-sweats, no cough, except early in the morning, which is probably due to pharyngeal mucus ; weight, one hundred and six pounds ; has taken no medicine for past three months. This was an advanced case. She did not improve until put on gold and iodine and chlorine inhalations, which looks as though the

treatment had helped her. She is confident of it herself.

CASE IV.—Mr. K. W., aged 25 years ; native of New York ; family history good ; no fever, no night-sweats ; expectoration small in quantity, but contained tubercle bacilli ; hacking cough almost constant ; voice hoarse ; physical signs of a slight catarrh in both apices ; vocal cords reddened but not ulcerated ; weight, one hundred and seventeen pounds ; average weight, one hundred and twenty pounds ; treatment began in April.

General tonic treatment for one month ; no gain in weight or change in condition ; larynx somewhat improved under topical applications.

Was then treated one month on the Shurly-Gibbes method without inhalations of chlorine gas. At the end of that time he weighed one hundred and twenty-six pounds, which was more than he had ever weighed ; had good appetite and digestion. There were no râles in either apex, but prolonged expiration remained. In the very sparse expectoration no tubercle bacilli could be found. His voice was stronger, and larynx presented normal appearance,

In order not to make this paper too long, no more histories will be given, but a simple synopsis of results, from which no case is excluded that has had as many as fifteen injections.

Total number of cases, twenty-two.

Advanced cases, with no improvement in their condition, to which category Case I. belongs, six, or twenty-seven per cent. of the whole number.

Advanced cases, with improvement, to which category Case II. belongs, eight, or thirty-six per cent. of the number treated.

Cases which have shown very great improvement, including advanced and incipient cases, to which category Cases III. and IV. belong, eight, or thirty-six per cent. of the total.

It is impossible to compare these results with those obtained without the injections, in those cases in which reliance was placed entirely upon climatic and tonic treatment, with attention to symptoms as they arose, for two reasons.

The first is, that many cases come here so far advanced that euthanasia is the one object of all treatment. They cannot oftentimes even reach their homes alive. Such cases would throw the balance at once to the side of the Shurly-Gibbes treatment, and evidently unjustly.

The second reason is, that, in parallel cases the comparison could only be made with those who have refused the Shurly-Gibbes remedies,—patients who have not had the courage to undergo the treatment. The temperament of such cases is against them in their battle for health.

That the climatic conditions at Asheville are especially well suited to tubercular patients is very generally acknowledged, and I can report several cases that were here last year that have gone on since without relapse or any return of the symptoms of their disease.

The climatic, combined with the Shurly-Gibbes treatment, is the one I now urge on

all cases, and I do so from the conviction that the latter is a decided aid to the former, and that a larger percentage of improved, and possibly cured, cases results from the combination than from climatic treatment with careful supervision alone.

No aid should be omitted that offers the least hope, and if cases are sent away from home early in the history of their disease, and with the best climatic surroundings are given the advantage of scientific care and direction, the prognosis is not as hopeless as it would have been considered only a decade ago.

